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<b>FEE TRANSMITTAL For FY 2008</b>		<b>Complete if Known</b>	
<i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Application Number	10/540,474-Conf. #2979
		Filing Date	June 23, 2005
		First Named Inventor	Manabu MATSUI
		Examiner Name	J. A. Steele
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1794
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 120.00)		Attorney Docket No. 0445-0354PUS1	

<b>METHOD OF PAYMENT</b> (check all that apply)							
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____			
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 02-2448			Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below				<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17				<input checked="" type="checkbox"/> Credit any overpayments			

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>							
Each claim over 20 (including Reissues) _____ 50 25							
Each independent claim over 3 (including Reissues) _____ 210 105							
Multiple dependent claims _____ 370 185							
<b>Total Claims</b> _____ 8 - = _____ x _____ = _____				<b>Multiple Dependent Claims</b>			
<b>Indep. Claims</b> _____ 2 - = _____ x _____ = _____				<b>Fee (\$)</b> _____ <b>Fee Paid (\$)</b> _____			
HP = highest number of total claims paid for, if greater than 20.							
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b> _____ - 100 = _____		<b>Extra Sheets</b> _____ /50 = _____		<b>Number of each additional 50 or fraction thereof</b> _____		<b>Fee (\$)</b> _____	<b>Fee Paid (\$)</b> _____
						= _____	
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount) _____ 120.00							
Other (e.g., late filing surcharge): 1251 Extension for response within first month _____ 120.00							

<b>SUBMITTED BY</b>							
Signature				Registration No. (Attorney/Agent)	32,881	Telephone	(703) 205-8000
Name (Print/Type)	John W. Bailey			Date	March 21, 2008		